

STATE OF CALIFORNIA - AIR RESOURCES BOARD
TRAVEL EXPENSE CLAIM

ARB/ASD 262A (REV. 1/2008)

CLAIMANT'S NAME Linda Adams				SSN OR EMPLOYEE NUMBER On File				DEPARTMENT Cal/EPA							
POSITION Secretary for Environmental Protection			CB/ID NUMBER	DIVISION OR BUREAU Office of the Secretary					INDEX NUMBER						
RESIDENCE ADDRESS On File				HEADQUARTERS ADDRESS 1001 I Street, 25th Floor					TELEPHONE NUMBER 916-323-2514						
CITY On File		STATE	ZIP CODE	CITY Sacramento		STATE CA		ZIP CODE 95814							
(1) MONTH/YEAR Jul-10		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2)	BREAK-FAST				LUNCH	O.T,L/T, NC, RELO. OR DINNER	(A) COST OF TRANS.		(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMT			
DATE	TIME														
7/20	16:00	Depart Sacramento, CA to CCEEB's Summer Issues Seminar - Olympic Valley													0.00
7/21	17:00	Depart Olympic Valley to Sacramento, CA.													0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
															0.00
(10)															0.00
SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00	0.00	0.00
CLAIM TOTAL														\$	-
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Secretary Linda Adams participated and spoke on a panel at CCEEB's Summer Issues Seminar. Lodging and partial subsistence provided by CCEEB.															
				AGENCY ACCOUNTING OFFICE USE ONLY											
(13) PRIVATE VEHICLE LICENSE NO.															
(14) MILEAGE RATE CLAIMED \$ 0.500															
AGENCY ACCOUNTING OFFICE USE ONLY															
PAID BY REVOLVING FUND CHECK NUMBER															
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate. I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.															
CLAIMANT'S SIGNATURE <div></div>				DATE		(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <div></div>						DATE			

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE